



District Readiness Agreement

District Name:

Date:

Contact Name:

Email:

Research in systems change and school-wide positive behavior intervention and support (SW-PBIS) has led to this list of factors that facilitate outcomes, sustainability, and scalability of PBIS. The following checklist is based on the published *SW-PBIS Implementation Blueprint and Self-Assessment* (2010). The purpose of this agreement is to insure positive outcomes for students, teachers, and school districts by requiring the completion of this agreement before receiving sponsored training.

| Item to Complete | Documentation or Artifact <input checked="" type="checkbox"/> Provide Details | <input checked="" type="checkbox"/> Will be In Place by Date... |
|---|--|---|
| Leadership Team | | |
| District PBIS Leadership Team will be established and include: District Administrator, School Administrator from each participating school, and District Coaches. Consider including representatives from: Special Education, Personnel Development, Safe & Drug Free Schools, School Psychology, Counseling, Behavioral Services, Character Education, Drop Out Prevention, Data or Information Management, Parents, Students. | List team member and district title: | |
| District PBIS Leadership Team meetings will be held on a regular basis (at least quarterly). | List at least 4 meeting dates & time: | |
| District agrees to use the SW-PBIS Implementation Blueprint for continual self-assessment and planning. | Signature: | |
| District PBIS Leadership Team commits to attend all school training workshops for the first three years. | Signature: | |
| Coordination | | |
| District will appoint a PBIS Coordinator to manage SWPBIS activities. This person should have knowledge of district level policies and procedures and be able to communicate effectively between the district and school teams. (.1 FTE recommended and/or include in job description) | List District PBIS Coordinator (name, title, phone, email): | |
| Funding | | |
| District will allocate/secure additional funding for development and maintenance of SWPBIS throughout the District for at least 3 years. | Identify funding sources: | |
| Visibility | | |
| District PBIS Leadership Team will participate in an awareness presentation summarizing the school-wide PBIS process and commitment. | List training date & presenter: | |
| Political Support | | |
| School-wide behavior support (school climate, culture, safety, behavior, discipline) will be one of the top three goals of the District and District vision/mission will reflect a commitment to school-wide behavior support (within year). | Attach a copy of district goals. | |



| | | |
|--|---|--|
| District will provide a letter of support signed by the Superintendent and/or School Board president to participating school principals listing the PBIS training dates, requirements of attendance, and commitment to a 3-5 year systems change process. | Attach a copy of signed letter of support. | |
| District will provide an annual letter of support signed by the Superintendent to participating school principals on the importance of data collection, the need for daily use of their database system, and encourage participation of school teams in ongoing training opportunities. | Attach a copy of signed letter of support. | |
| Training Capacity | | |
| District agrees to provide school PBIS teams with time for multiple days of training during each of the first three year of implementation. | Signature: | |
| District trainers will actively participate in all trainings and school implementation activities and receive additional training to gain the skills to scale up training within the district. | List District Trainers (name, title, phone, email): | |
| Coaching Capacity | | |
| District will assign a coach to all schools who will actively participate in all trainings and school implementation activities and receive additional training to gain the skills to coach schools within the district. (.2 FTE recommended per five schools and/or include in job description) | List District Coaches (name, title, phone, email): | |
| Evaluation Capacity (Evaluation data may be requested by funding agency) | | |
| District agrees that school behavior data will be entered into a database meeting the <i>Student Information System (SIS) Data-Analysis Demonstration (DAD)</i> criteria and grant representative approval.* | Grant representative (name, title, phone, email): Approved SIS: (SWIS or list name of SIS) | |
| District agrees to adapt their current Office Discipline Referral (ODR) form to meet PBIS data collection requirements <u>or</u> will allow each school to adapt the current District ODR form. | Agree to adapt district ODR form <u>Or</u> allow each school to adapt District ODR form: | |
| District will require schools to assess PBIS Fidelity annually using the tools in the national PBIS database www.PBISapps.org and will appoint the PBIS Coordinator to register as the PBIS Assessment Coordinator. | Signature: | |
| District will require schools to assess PBIS Outcomes annually using the PBISaz Data Audit Tool, SAS Survey results, and Behavior Data and will appoint the PBIS Coordinator to report outcomes. | Signature: | |

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* SWIS database meets SIS-DAD criteria and is used nationally by PBIS schools. Created by the federally funded PBIS.org and securely operated on dedicated servers at the University of Oregon.
<https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx>



School Readiness Agreement

School Name: _____ Date: _____
Contact Name: _____ Email: _____

Research in systems change and school-wide positive behavior intervention and support (SW-PBIS) has led to this list of factors that facilitate outcomes, sustainability, and scalability of PBIS. The following checklist is based on the published *SW-PBIS Implementation Blueprint and Self-Assessment* (2010). The purpose of this agreement is to insure positive outcomes for students, teachers, and school districts by requiring the completion of this agreement before receiving sponsored training.

| Item to Complete | Documentation or Artifact <input checked="" type="checkbox"/> Provide Details | <input checked="" type="checkbox"/> Will be In Place by Date... |
|---|--|---|
| Leadership Team | | |
| School PBIS Leadership Team will be established and include 8-10 members: administrator, general education teacher, special education teacher, non-classroom staff, behavior specialist (psychologist, counselor, social worker, BCBA), parent, and student (required for high school teams). | List team member and school title: | |
| School PBIS Leadership Team meetings will be held on a regular basis (at least twice monthly in first year). | List meeting dates & time: | |
| School PBIS Leadership Team will participate in an awareness presentation summarizing the school-wide PBIS process and commitment or will watch and discuss Creating the Culture of PBIS http://vimeo.com/3744737 . | List training date & presenter: | |
| Coordination | | |
| Schools will collaborate with the district appointed PBIS Coordinator to manage SW-PBIS activities. This person should be able to communicate effectively between the district and school teams. | List School PBIS Coordinator (name, title, phone, email): | |
| Funding | | |
| School will allocate/secure additional funding in their school budget for development and maintenance of SW-PBIS for at least 3 years. | Identify funding sources: | |
| Visibility | | |
| All school staff will participate in an awareness presentation summarizing the school-wide PBIS process and commitment. | List training date & presenter: | |
| Majority of your faculty, staff, and 100% of administrators support implementing SW-PBIS for the next 3-5 years. | Share description/results of voting process: | |
| Political Support | | |
| School-wide behavior support (school climate, culture, safety, behavior, discipline) will be one of the top three school improvement goals and School vision/mission will reflect a commitment to school-wide behavior support (within year). | Attach a copy of school improvement goals. | |



*Positive Behavior Interventions
and Supports of Arizona*

MULTI-TIERED SYSTEMS OF SUPPORT

| | | |
|---|--|--|
| School will provide a letter of support signed by the Principal to school staff that commits to implementing SW-PBIS and a 3-5 year systems change process. | Attach a copy of signed letter of support. | |
| School will provide an annual letter of support signed by the Principal to school staff on the importance of implementation fidelity, data collection/analysis/sharing and encourage participation of school staff in ongoing training opportunities. | Attach a copy of the signed letter of support. | |
| Training Capacity | | |
| School agrees to provide PBIS Leadership Team with time for multiple days of training and meetings during each of the first three year of implementation. | Signature: | |
| School administrator will actively participate in all trainings, school meetings, and engage in additional work as needed in order to fully prepare and maintain a SW-PBIS system. | List assigned administrator (name, title, phone, email): | |
| School PBIS Leadership Team will actively participate in all trainings, school meetings, and engage in additional work as needed in order to fully prepare and maintain a SW-PBIS system. | Signature: | |
| Coaching Capacity | | |
| District will assign a coach to all schools who will be assigned to your school and will actively participate in all trainings and PBIS implementation activities. | List District Coach (name, title, phone, email): | |
| Evaluation Capacity (Evaluation data may be requested by funding agency) | | |
| School agrees that behavior data will be entered into a database meeting the <i>Student Information System (SIS) Data-Analysis Demonstration (DAD)</i> criteria and grant representative approval.* | Data entry person (name, title, phone, email): Approved SIS: (SWIS or list name of SIS) | |
| School agrees to adapt their current Office Discipline Referral (ODR) form to meet PBIS data collection requirements (or use district adapted ODR form). | Agree to adapt ODR or use new ODR form provided by District: | |
| School will assess <u>PBIS Fidelity</u> annually using the tools in the national PBIS database www.PBISapps.org and will share with District PBIS Coordinator. | Signature: | |
| School will assess <u>PBIS Outcomes</u> annually using a Data Audit Tool, SAS Survey results, and Behavior Data and will report outcomes to District PBIS Coordinator. | Signature: | |

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* SWIS database meets SIS-DAD criteria and is used nationally by PBIS schools. Created by the federally funded PBIS.org and securely operated on dedicated servers at the University of Oregon.
<https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx>



District/School Name:

Date:

Contact Name:

Email:

The District/School agrees that School-Wide Positive Behavior Interventions and Supports (SW-PBIS) requires accurate data collection and analysis for effective decision-making and agrees that school behavior data will be entered into a database meeting the *Student Information System (SIS) Data-Analysis Demonstration (DAD) Criteria* or grant representative approval.

The SWIS database meets SIS-DAD criteria and is used nationally by PBIS schools. SWIS was created by the federally funded PBIS.org and securely operated on dedicated servers at the University of Oregon. <https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx>

| Criteria | Items | Yes / No |
|--|---|------------|
| Name of Current SIS: | | |
| District Representative: | Name: Email: Title: Phone: | |
| Enter Office Discipline Referral (ODR) information: | Student name | |
| | Student grade | |
| | Referring staff name | |
| | Date of incident | |
| | Time of incident | |
| | Location of incident | |
| | Violation/Problem behavior | |
| | Probable motivation | |
| | Other persons involved | |
| | Administrative decision/consequence | |
| Generate graphic data reports locally (at the school site by a school staff) for: | Number of ODR's | |
| | Students receiving ODR's | |
| | Type of violations/problem behaviors | |
| | Location of violation/problem behaviors | |
| | Time of day of violation/problem behavior | |
| | Rate of ODR's per day | |
| Generate graphic data reports specified above locally (at the school site by a school staff) based on: | Individual students | |
| | Groups of students (IEP, non-IEP, less than 5 ODR's) | |
| | Entire student population | |
| | Any specified time period (week, month, semester, school year) | |
| | Tables of all reports | |
| | Histograms of all reports | |
| 100% Success? | | |
| Approved Database: | Current SIS or SWIS Required: _____ Name & Email of Grant Representative _____ | Date _____ |



PBISaz School Outcome Criteria

Schools will be evaluated for both PBIS Fidelity and PBIS Outcomes using the following nationally accepted criteria. Evaluation data will be required for continued funding.

All fidelity data must be entered into PBIS Assessments (in conjunction with your approved local coordinator) using www.PBISapps.org. This database was created by the federally funded PBIS.org and securely operated on dedicated servers at the University of Oregon.

| Implementation | Evaluation | | Criteria |
|----------------|---|--|--|
| PBIS Fidelity | Tier 1 | TIC - Team Implementation Checklist | 80% Fidelity |
| | | BOQ - Benchmarks of Quality | 70% Fidelity |
| | | SET - School-wide Evaluation Tool | 80% Fidelity |
| | Tier 2 / 3 | MATT - Monitoring Advanced Tiers Tool | 80% Fidelity |
| | | BAT - Benchmarks of Advanced Tiers | 70% Fidelity |
| | | ISSET - Individual Student Systems Evaluation Tool | 80% Fidelity |
| PBIS Outcomes | DAT - Data Audit Tool • Download Excel spreadsheet from www.PBISaz.org | | Improved formative evaluation data: • Achievement on standardized academic evaluations • Office Discipline Referrals (ODR) and suspensions • Special education referral and identification • Seclusion and restraint for all students • Ethnic disproportionality in all categories |
| | SAS - Self-Assessment Survey • Enter into www.PBISapps.org | | Increase 'In Place' status over time with over 80% staff participation |

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DATA AUDIT TOOL (DAT)

School Name _____
 District Name _____
 Contact Person _____ Title _____
 Email _____ Phone _____

Type of School Elementary, Middle, High, K-12 _____
 Public, Charter, Alternative, Tribal, Private _____

| Data Source | Data | Baseline: TYPE YEAR (Before Starting PBIS) | | | | | | | | | | | |
|---|---|--|---|-----------------|---|----------------|---|-----------|---|-----------------------|---|-------------------------|---|
| 100 Day Count from School | Total Enrollment | 1000 | | | | | | | | | | | |
| ADE Published Results (www.ade.az.gov) | Standardized Test Data (add % Meets + % Exceeds Criteria) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | Reading | | | | | | | | | | | | |
| | Writing/Language | | | | | | | | | | | | |
| | Math | | | | | | | | | | | | |
| | Science | | | | | | | | | | | | |
| From School Database | Behavior Data | ODR | | ISS | | OSS | | Expulsion | | Grad. | | DropOut | |
| | | # | % | # | % | # | % | # | % | # | % | # | % |
| | American Indian | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Asian | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Black/African American | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Hispanic/Latino | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Pacific Islander/Hawaiian | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | White | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Total Population | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | General Education Population | | | | | | | | | | | | |
| | Special Education Population | | | | | | | | | | | | |
| From School Database | Disproportionality and Seclusion/Restraint Data | Total Pop. | | Gen.Ed. Pop. | | Sp.Ed. Pop. | | Seclusion | | Physical Restraint | | Mechanical Restraint | |
| | | # | % | # | % | # | % | # | % | # | % | # | % |
| | American Indian | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Asian | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Black/African American | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Hispanic/Latino | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Pacific Islander/Hawaiian | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | White | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| | Total Population | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | General Education Population | | | | | | | | | | | | |
| | Special Education Population | | | | | | | | | | | | |
| From School Database | Special Education Data | Referred | | Identified | | | | | | | | | |
| | All Students | # | % | # | % | | | | | | | | |

% Is always percent of Total Enrollment from 100 Day Count
 PBISaz DAT Adapted from the Illinois PBIS Network DAT

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Seclusion-Restraint Incident Report

Suggested Elements / For Internal Use Only*

| | |
|---|-------------------|
| School Name: | Date: |
| School District: | Type of Incident: |
| Seclusion/ Physical Restraint/ Mechanical Restraint | |

In the event of the seclusion and/or restraint of a student, please complete this record form completely and submit to appropriate school administrator.

| Category | Items | Details |
|----------------------|---|---------|
| Student | Name | |
| | Date of birth | |
| | Grade | |
| | Ethnicity | |
| | Legal Status (IEP, 504, BIP, N/A) | |
| Incident | Date | |
| | Start Time | |
| | Stop Time | |
| | Location | |
| Staff | Reporting Staff | |
| | Other Staff Present | |
| Student Behavior | Describe the behavior that put the student or others in imminent danger requiring seclusion or restraint: | |
| Student Motivation | Behavior directed toward self, staff, students? | |
| Precipitating Events | What may have triggered the behavior to begin? | |
| Precursor Behaviors | What warning signs may have exhibited by the student? | |
| Staff Response | What verbal, nonverbal, physical strategies were used to de-escalate the behavior? | |



| Category | Items | Details |
|-----------------------|--|-------------|
| Staff Decision | Seclusion, Physical Restraint, Mechanical Restraint, Transport, Security/Police, Crisis Intervention Technique? | |
| Student Behavior | What was the students' behavior during crisis intervention? | |
| Staff Monitor | Who was responsible for continuous monitoring of student? | Staff Name: |
| Conclusion | How did the crisis end? Student calmed down before/after intervention ended, behavior improved, behavior escalated, no change? | |
| Nursing/ Medical care | Was nursing or medical care delivered? Explain. | |
| Lesson Learned | What could be done differently to prevent another incident? | |
| Notification | Date/time administrator informed (by whom): | |
| | Date/time parents/guardians informed (by whom): | |
| Debriefing | Date/Time/Location | |
| | Persons present | |
| | Decisions made | |
| | New FBA/BIP recommended? | |
| | Additional staff training recommended? | |
| | | |
| | | |

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* All public schools are currently required to report aggregate seclusion and restraint data to the Office of Civil Rights.



PBISaz Service Provider Criteria

Service Provider:

Date:

Contact Name:

Email

Districts and schools are responsible for choosing qualified service providers. All entities that provide SW-PBIS training, coaching, and evaluation services in Arizona should meet the following minimum criteria.

| Criteria | Details | Comments |
|---|---|----------|
| Demonstrate a track record of assisting schools to implement PBIS with fidelity and impacting student outcomes by providing the following evidence from <u>three schools</u> (suggested): | SET scores over 80% | |
| | ODR data showing a decrease in rate of behavior problems/violations across the school year | |
| | Written reference and endorsement from the school principal | |
| Provide the following services to the District/School/Charter/LEA to build their training, coaching, and evaluation capacity to implement a multi-tiered PBIS system: | SWPBIS Training (District & School Teams) | |
| | SWPBIS Coaching (School Teams) | |
| | SWPBIS Evaluations (School Teams) | |
| | SWPBIS Train-the-trainer training (District Team) | |
| SWPBIS services required: | A three year training scope and sequence including Tier 1, 2, 3 systems, data, and practices per the national PBIS.org model, (A separate provider may offer Tier 3 training) | |
| | Multiple full-day trainings each academic year for all PBIS teams (8-10 members/ school team, including an administrator) | |
| | Monthly coaching sessions with all school PBIS teams | |
| | School site visits to conduct the SET & ISSET evaluations annually | |
| | Training on nationally accepted evaluation tools for assessing PBIS fidelity and outcomes including www.PBISapps.org and <i>PBISaz School Outcome Criteria</i> document from www.PBISaz.org | |

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